

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10003481* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL IND.	1		↓	↓	↓	↓
TOTAL DEP.	2	↓	↓	↓	↓	↓
TOTAL CLAIMS	3	████████	████████	████████	████████	████████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓	↓	↓	↓		
TOTAL DEP.			↓	↓	↓	↓		
TOTAL CLAIMS		████████	████████	████████	████████	████████		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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